

# BARRINGTON RECREATION DEPARTMENT 2015 CHESS CAMP



*July 20 - 24, 2015*

*9 am - 11 am*

*Barrington Middle School*

*Instructor: Jim Della Setra*

*Fee: \$120*

*Chess is a game that can be approached as a sport, science or an art form. In this camp the children will learn the fundamentals as well as more advanced techniques to improve their level of play.*

*All aspects of chess will be covered. The camp will consist of instructional, play, and group work on the chess strategies and techniques.*

*Director: Michele Geremia*

*(401) 247-1900 x 381*

*Email: [recreation@barrington.ri.gov](mailto:recreation@barrington.ri.gov)*

# CHESS CAMP REGISTRATION

JULY 20 – 24, 2015

**Barrington Middle School     9 AM to 11 AM**

## Child Information:

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Grade (as of fall 2015) \_\_\_\_\_

Cell Phone(S): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Allergies/Medical Conditions/Medications: \_\_\_\_\_

\*Email: \_\_\_\_\_

**\*Email required, as we send all  
information via email.**

OK to use email address to hear about other  
Barrington Recreation events: Yes ☐ No ☐

Parent / Guardian (print) \_\_\_\_\_

Parent / Guardian signature \_\_\_\_\_

**Fee: \$120**

Mail completed form and the waiver form with payment (check payable to Town of Barrington) to Town of Barrington Attn: Recreation Department, 283 County Road Barrington, RI 02806.

Or bring to the Recreation Department (lower level of Town Hall / cemetery side) two weeks prior to the start of camp.

Amount Paid \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Receipt # \_\_\_\_\_

For more information please call 401-247-1900 x 381 or email [recreation@barrington.ri.gov](mailto:recreation@barrington.ri.gov)

# Waiver Form

1. I, the parents/guardian of the name child(ren), hereby give my approval for his/her participation in any/all activities during the Barrington Recreation Department's 2015 programs. I assume all risks and hazards incidental to such participation, including transportation to and from such activities, and hereby waive, release, absolve, indemnify, and agree to hold harmless all individuals responsible for the conduct or activity involving my child(ren).

2. **MEDICAL CONDITIONS:** Also, I understand that registrations for children requiring special attention are reviewed on a case-by-case basis with the Recreation and program director(s). I understand that the Recreation Department does not receive specialized training for various special needs, but will work with individuals as appropriate. I will provide as much detail as possible, including any physical/emotional needs or medications involved so that the staff will be able to provide a positive experience for each child.

Medical Conditions and/or Food Allergies: \_\_\_\_\_

3. **RISK FACTORS:** The undersigned understands and acknowledges that the use of equipment, facilities and services provided by the Town of Barrington Recreation Department involves risks such as, but not limited to, the following which might result from the use of equipment or facilities, from the activity itself, from the acts of others, or from the unavailability of emergency medical care - RISK OF PROPERTY DAMAGE, BODILY INJURY, AND POSSIBLE DEATH, and that he assumes all risks that arise from, but not limited to, those risk factors described above.

4. **RELEASE:** The undersigned releases the Barrington Recreation Department and the Town of Barrington, its employees and agents, and agrees not to sue them on account of or in conjunction with any claims, causes of action, injuries, damage, cost of expenses arising out of the activity, including those based on death, bodily injury or property damage whether or not caused by the acts, omissions or other fault of the parties being released.

5. **EMERGENCY TREATMENT CONSENT:** The undersigned, as a participant in the subject activity, hereby consents to medical treatment in a medical emergency where the undersigned is unable to consent to such treatment.

6. **ACKNOWLEDGMENT:** The undersigned has read and understands this agreement.

7. **WITHDRAWAL & REFUND POLICY:** An email or mailed written withdrawal request before the program begins will receive the full program fee, minus a \$30 processing fee. An email or mailed written withdrawal request between the first (1<sup>st</sup>) and fifth (5<sup>th</sup>) day of the program will receive half the program fee, minus a \$30 processing fee. An email or mailed written withdrawal after five (5) days of the program will receive no refund.

Parent / Guardian \_\_\_\_\_  
Signature

Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
Please print

Child(ren) Name(s) \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION:

Name of Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_